(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PRINTED: 09/16/2020 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

REGENCY HEALTHCARE & REHAB CENTER (X4) ID PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY YOUL REGULATORY OR LSC IDENTIFYING INFORMATION) FOUR INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from February 19, 2020 through March 6, 2020. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 95. The survey sample size was five residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Rehabilitation; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration Record; LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse.			085012	B. WING_		C 03/06/2020
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from February 19, 2020 through March 6, 2020. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 95. The survey sample size was five residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Rehabilitation; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration Record; LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/Standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse. F 610 Investigate/Prevent/Correct Alleged Violation CF(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility			EHAB CENTER		801 N. BROOM STREET	00/00/2020
An unannounced complaint survey was conducted at this facility from February 19, 2020 through March 6, 2020. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was 95. The survey sample size was five residents. Abbreviations/definitions used in this report are as follows: ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Rehabilitation; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration Record; LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse. F 610 Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION
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ADON - Assistant Director of Nursing; CNA - Certified Nurse's Aide; DON - Director of Nursing; DOR - Director of Rehabilitation; eMAR - electronic Medication Administration Record; eTAR - electronic Treatment Administration Record; LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse. F 610 SS=D F 610 SS=D S483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility		conducted at this fathrough March 6, 2 contained in this resolvent observations, interveced and other of the facility census 95. The survey sam	acility from February 19, 2020 020. The deficiencies port are based on riews, review of clinical locumentation as indicated. the first day of the survey was apple size was five residents.			
LPN - Licensed Practical Nurse; MD - Medical Doctor; MDS assessment - Minimum Data Set/standardized assessment tool used in Long Term Care; mg - milligram; NHA - Nursing Home Administrator; NP - Nurse Practitioner; PRN - as needed; RN - Registered Nurse. F 610 SS=D F 610		ADON - Assistant D CNA - Certified Nur DON - Director of N DOR - Director of F eMAR - electronic N Record; eTAR - electronic T	rse's Aide; Jursing; Rehabilitation; Medication Administration			
SS=D CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	F 610	LPN - Licensed Pra MD - Medical Doctor MDS assessment - Set/standardized as Term Care; mg - milligram; NHA - Nursing Hon NP - Nurse Practition PRN - as needed; RN - Registered No	or; Minimum Data ssessment tool used in Long ne Administrator; oner; urse.	F 6	10	5/6/20
		S483.12(c) In responded to the second of the	2)-(4) onse to allegations of abuse,	FO		3/0/20
			DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 04/30/202

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		085012	B. WING _		03/06/2020
	PROVIDER OR SUPPLIER Y HEALTHCARE & R	EHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 801 N. BROOM STREET WILMINGTON, DE 19806	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AIDEFICIENCY)	HOULD BE COMPLÉTION
F 610	§483.12(c)(2) Have violations are thoro §483.12(c)(3) Previneglect, exploitation investigation is in p §483.12(c)(4) Repoinvestigations to the designated represe accordance with St Survey Agency, wit incident, and if the appropriate correct This REQUIREMEI by: Based on record refacility documents at that for one (R154) for abuse investigation investigation, and failed to thoroughly violation, and failed abuse while the investigation include: The facility's policy Reporting, with a remark that investigation to 4. The Administration abuse pending the 5. The Administration to 4. The Administration abuseis 6. The Administration to 4. The Administration abuseis 6. The Administration to 5. The Administration to 6. The 6. Th	evidence that all alleged ughly investigated. ent further potential abuse, in, or mistreatment while the rogress. ort the results of all e administrator or his or her entative and to other officials in rate law, including to the State hin 5 working days of the alleged violation is verified live action must be taken. NT is not met as evidenced eview, interview and review of as indicated, it was determined out of five sampled residents tion, the facility failed to on of abuse and consequently, investigate the alleged at to prevent further potential restigation was in progress. titled Abuse Investigation and evision date of 7/2017, stated: inistrator: suspected incident of resident, the Administrator will assign an appropriate individual for will suspend immediately has been accused of resident outcome of the investigation. For will ensure that any further	F 6°	F 610 A. Investigation of incident car completed retroactively. B. Residents who alleged ab potentially be effected by the practice. DON and director of services will monitor all griev incidents reported to identify abuse. C. Staff will be educated on it reporting, occurrences and the which incidents need to be restate agency. The policy in eadhere to by the present staff education on all staff regard immediately notification of an allegations. Staff developer wall nursing staff of our abuse state reporting requirements D.DON/designee will audit alloccurrences, and allegations five days per week until three 100% compliance is achieve	use could deficient f social ances and alleged ncident me frame of eported to the ffect was not ff. Re ng ny abuse will educate policy and I incidents, of abuse for e consecutive

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	СОМ	E SURVEY PLETED
		085012	B. WING _			06/2020
	PROVIDER OR SUPPLIER CY HEALTHCARE & R	EHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 801 N. BROOM STREET WILMINGTON, DE 19806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE ACTION OF CROSS-REFERENCED TO THE ACTION OF CROSS-REFERENCE)	SHOULD BE	(X5) COMPLETION DATE
F 610	safety and privacy of Role of the Investig 1. The individual cas a minimum e. Interview the resappropriate) h. Interview other responsive provided Reporting 5. The Administrat provide the approplisted above with a the investigation with endicate occurrence of the Review of 154's clinfollowing: 7/12/2019 6:30 PM facility from an acu 7/13/2019 7 AM to Grievance Concerr (RN) documented: "Grievance: Pt. (members went to have tried to undress he up. Pt. very agitate and scared (Pt. is a that she will be safe states she does not those 2 staff members oncerned about 2 a.m Conclusion: Unsulted	reasures taken to protect the of the resident rator rate amedically rate agencies or mate rate agencies or individuals rat	F 61	three times a week until we creach 100% compliance over consecutive evaluations. The week, until we consistently recompliance over three conseevaluations. Then, one more month later, if we are still at compliance we will conclude successfully addressed the opractice. Results will be anal QA meetings to ensure regure compliance.	r three en, once a each 100% ecutive time a 100% that we have deficient yzed in the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	riple cons [.]		1	PLETED
		085012	B. WING			03/0)6/2020
	PROVIDER OR SUPPLIER Y HEALTHCARE & R	EHAB CENTER		801 N. BF	DDRESS, CITY, STATE, ZIP CODE ROOM STREET GTON, DE 19806		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 610	7/15/2019 Date/time/name of representative notif (message) left 7/15 was signed by E1 (There was lack of eidentified the above they failed to thorouviolation, and failed abuse. 7/18/2019 - A witne completed which do meeting, both R154 to speak with E7. If she reported on 7/18/154, 2 black femarude to her and R1: 7/18/2019 5:09 PM R154 and her daug meeting was an alloreported to the State Despite the fact the 7/18/2019, this was made the allegation 7/13/2019. The fact the first complaint to R154's admissio When the second of facility on 7/18/2019 identified the comp however, they faile and failed to preven 7/26/2019 - A Follo	the resident and/or resident fied of grievance: msg id/19 at 10:07." This document NHA) and E7 (SS). Evidence that the facility as an allegation of abuse, aighly investigate the alleged it to prevent potential for further its statement by E7 (SS) was ocumented after a care plant and her daughter requested R154 discussed the concerns I3/2019 at 4:00 AM. Per ale staff in regular clothes were staff in regular clothes were staff in regular clothes were staff in a complaint made by ghter to E7 after the care plant egation of abuse and it was the Agency. At a complaint was made on as the second time that R154 in, with the first time being on cility assumed incorrectly with that the incident occurred prior on to the facility on 7/12/2019. Complaint was received by the 9, the facility correctly claint as an allegation of abuse, dito investigate the allegation	F6	10			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	(X3) DATE COMP	SURVEY
		085012	B. WING		03/0	; 96/2020
	PROVIDER OR SUPPLIER Y HEALTHCARE & R			STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806	03/0	1012020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 635 SS=D	Resident no longer staffs (sic) from that concerns of staff stawas in (Name of the also reported this cowere educated on a Resident felt staff whom. No further counsubstantiated". The facility failed to working days. Findings were review (DON) during the E 2:25 PM. Admission Physicial CFR(s): 483.20(a) §483.20(a) Admiss At the time each remust have physicial immediate care. This REQUIREMENT by: Based on record rewas determined the sampled residents the facility failed to admission that the	feels fearful. Interviewed to night. Resident reported ating staff from last night. She is hospital) that night. Staff concern to the supervisor. Staff approach during the 11-7 shift. Were loud when walking in her concerns voicedallegation provide the findings within 5 and with E1 (NHA) and E2 exit Conference on 3/6/2020 at an Orders for Immediate Care	F 63	0	ocess is y. y have deficient	5/6/20
	include: Cross refer F755 Cross refer F760 The following was record:	reviewed in R154's clinical		the physician orders are started at correct time. To ensure that occurs pharmacy needs to receive the adi orders by cut off times. The RCAs that it was an education issue, the admitted nurse was not aware of the pharmacy cut off times for medical	the mitted howed	

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			A BUILD	ING		c	;	
		085012	B. WING	_		03/0	6/2020	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DECENC	Y HEALTHCARE & R	EUAD CENTED		8	01 N. BROOM STREET			
REGENC	I HEALTHCARE & K	ERAB CENTER		V	VILMINGTON, DE 19806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 635	7/12/2019 6:30 PM facility from an acuft 7/12/2019 - The homedications documedications: - Amiodarone (hearmouth with dinner of the mouth the dinner of the mouth twice a day Fluconazole (antification of the mouth the dinner of the mouth th	- R154 was admitted to the te care hospital. spital's discharge list of tented the following t medication) 400 mg. by for 1 week then 200 mg. by daily thereafter. Thinner) 5 mg by mouth twice a see (for blood pressure) 75 mg	F6	335	deliveries. No changes to our Polici Procedure this was a failure to follopolicy and procedures. C. Staff developer will educated all on Admission policy and procedure include but not limited to verificatio medication in a timely manner and pharmacy cut off times for prompt delivery. Night shift will check the caccuracy and UM will complete a feup chart check the next working da D.DON/designee will audit all admit to the facility for five days per week three consecutive 100% compliant achieved. Then, three times a wee we consistently reach 100% compliance over three consecutive evaluations once a week, until we consistently 100% compliance over three consecutives a week aluations. Then, one more time a month later, if we are still at 100% compliance we will conclude that we successfully addressed the deficie practice. Results will be analyzed in QA meetings to ensure regulatory compliance.	nurses es to n of hart for collow ey ssions c until ee is k until iance Then, reach ecutive a		
F 755 SS=D			F	755			5/6/20	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	COMF	PLETED
		085012	B, WING			I.	6/2020
	PROVIDER OR SUPPLIEF			801	REET ADDRESS, CITY, STATE, ZIP CODE I N. BROOM STREET LMINGTON, DE 19806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 755	The facility must produgs and biologic them under an ag §483.70(g). The fipersonnel to admipermits, but only a licensed nurse. §483.45(a) Proceapharmaceutical set that assure the acdispensing, and a biologicals) to me §483.45(b) Service must employ or of pharmacist whoseless of the production of the facility. §483.45(b)(1) Production of the facility. §483.45(b)(2) Est receipt and disposatificient detail to reconciliation; and service and that an is maintained and This REQUIREMI by: Based on record determined that for sampled residents the facility failed to pharmaceutical services.	crovide routine and emergency cals to its residents, or obtain reement described in facility may permit unlicensed inister drugs if State law under the general supervision of dures. A facility must provide ervices (including procedures ecurate acquiring, receiving, dministering of all drugs and et the needs of each resident. The facility btain the services of a licensed evides consultation on all evision of pharmacy services in ablishes a system of records of sition of all controlled drugs in enable an accurate definition of all controlled drugs in enable an accurate definition of all controlled drugs in enable an accurate definition of all controlled drugs in enable an accurate definition of all controlled drugs in enable and interview, it was per one (R154) out of three is for medication investigation, to ensure that the ervices provided included the lang and administration of	F 7	755	F755 A. Resident was admitted to the fa 7/12/2019 and the dispensing of h medications could not be correcte retroactively. B. Residents admitted to the facil the potential to be affected by the	ed ity have	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		PLETED
		085012	B. WING			03/0	; 6/2020
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		3,232
REGENO	Y HEALTHCARE & R	EHAB CENTER			01 N. BROOM STREET		
					/ILMINGTON, DE 19806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	Cross refer F635 Cross refer F760 The following was record: 7/12/2019 6:30 PM facility from an acut 7/12/2019 - The homedications documedications: - Amiodarone (hearmouth with dinner of mouth with dinner of mouth with dinner of Apixaban (blood to day Metoprolol Tartrat by mouth every 12 - Omeprazole (to remg by mouth daily Docusate Sodium mouth twice a day Fluconazole (antifitime a day timed at 7/13/2019 9:36 AM documented that the verified with E27 (Nours after R154 were designed)	reviewed in R154's clinical - R154 was admitted to the te care hospital. spital's discharge list of mented the following rt medication) 400 mg. by for 1 week then 200 mg. by daily thereafter. hinner) 5 mg by mouth twice a see (for blood pressure) 75 mg hours. Educe acid in the stomach) 40 in (stool softener) 100 mg by fungal) 100 mg by mouth one	F 7	55		e that he the the nitted nowed e ons and w our nurses es to will cut lursing ssions and y for ecutive n, ently e a 00% a e have	
	and the correlating Administration Rec following medicatio time(s) of administration - Amiodarone 400	electronic Medication ord (eMAR) documented the ons, as well as the scheduled ration:			compliance.		

NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING	(X3	B) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DAY			095042		·			
REGENCY HEALTHCARE & REHAB CENTER 801 N. BROOM STREET WILMINGTON, DE 19806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE 801 N. BROOM STREET WILMINGTON, DE 19806 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY			085012	B. WING			03/06/2020	_
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X: PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE PREFIX (EACH CORRECTIVE PREFIX (EACH CORRECTIVE PREFIX EACH CORRECTIVE PREFIX (EACH CORRECTIVE PREFIX EACH CORRECTIVE PREFIX EACH CORRECTIVE PREFIX EACH CORRECTIVE PREFIX (EACH CORRECTIVE PREFIX EACH COR			FHAR CENTER		801 N. BROOM STREET	DE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: DATE:					WILMINGTON, DE 19806			
22.12.11.1	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE		N
F 755 Continued From page 8 9:00 AM and 5:00 PM Metoprolol Tartrate 75 mg by mouth every 12 hours timed at 9:00 AM and 9:00 PM Fluconazoole 100 mg by mouth one time a day timed at 9:00 AM. 7/13/2019 9:00 AM - A review of the eMAR lacked evidence that the scheduled 9:00 AM medications A pixaban, Metoprolol Tartrate, and Fluconazole were administered. 7/13/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amoldarone 400 mg was administered. 7/13/2019 7:47 PM - A progress note documented "Medication not available pending delivery from pharmacy, call palaced to MD to notify of medication delivery status. Return call pending: 7/13/2019 8:39 PM - A progress note documented "Return call received from MD, new order, administer medication when it comes in, will notified (sic) 11-7 shift." There was lack of evidence when the facility received the medications. 7/14/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amindarone 400 mg was administered. 7/15/2019 5:00 PM - A review of the eMAR lacked evidence that the scheduled 5:00 PM medication Amindarone 400 mg was administered.	F 755	9:00 AM and 5:00 F - Metoprolol Tartrathours timed at 9:00 - Fluconazole 100 r timed at 9:00 AM. 7/13/2019 9:00 AM lacked evidence the medications Apixale Fluconazole were at 7/13/2019 5:00 PM lacked evidence the medication Amioda administered. 7/13/2019 7:47 PM documented "Medication Amioda administered. 7/13/2019 7:47 PM documented "Medication delivery from pharm Per pharm rep (repute delivered on next repute of medication delivered in medication delivered in medication delivered (sic) 11 There was lack of a received the medication Amioda administered. 7/15/2019 5:00 PM lacked evidence the medication Amioda administered.	PM. e 75 mg by mouth every 12 o AM and 9:00 PM. mg by mouth one time a day - A review of the eMAR eat the scheduled 9:00 AM oan, Metoprolol Tartrate, and eadministered. - A review of the eMAR eat the scheduled 5:00 PM eat the scheduled 5:00 PM erone 400 mg was - A progress note cation not available pending macy, call placed to pharmacy. eresentative) medication will be un. Call placed to MD to notify ery status. Return call - A progress note rn call received from MD, new medication when it comes in, -7 shift." evidence when the facility eations. - A review of the eMAR at the scheduled 5:00 PM erone 400 mg was - A review of the eMAR	F 7	755			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		005040		<u>-</u> -	С
		085012	B. WING_		03/06/2020
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
REGENC	Y HEALTHCARE & R	EHAB CENTER		801 N. BROOM STREET	
				WILMINGTON, DE 19806	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION
F 755	Continued From pa	ge 9	F 75	5	
	dose of Amiodarone three days ago.	e 400 mg since admission,			
	confirmed that the p	- An interview with E2 (DON) previously documented ot administered to R154.			*
	The facility failed to pharmaceutical ser included the accura administration of me	vices provided to R154 te dispensing and			
F 760	(DON) during the E 2:25 PM.	wed with E1 (NHA) and E2 xit Conference on 3/6/2020 at of Significant Med Errors	F 76	0	5/6/20
SS=D			1 70		0/0/20
	medication errors.	sure that its- ents are free of any significant NT is not met as evidenced			
	was determined that for one (R154) out of reviewed for medical	eview and staff interview, it at the facility failed to ensure of three sampled residents ation review, that the resident ficant medication errors.		F760 A. Resident was admitted to the far 7/12/2019 and the missed medicat could not be corrected retroactively B. Residents admitted to the facilit the potential to be affected by the correctice. Admitted nurse will ensure	ions /. ty have deficient
	Cross refer F635 Cross refer F755			the physician orders are started at correct time. To ensure that occurs pharmacy needs to receive the adr	the s the mitted
	The following was r record:	eviewed in R154's clinical		orders by cut off times. The RCAs that it was an education issue, the admitted nurse was not aware of the	
	7/12/2019 6:30 PM facility from an acut	- R154 was admitted to the ce care hospital.		pharmacy cut off times for medicat deliveries. No changes to our Police	tions

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	СОМ	SURVEY
		085012	B. WING			03/0	C 06/2020
	PROVIDER OR SUPPLIER Y HEALTHCARE & R	EHAB CENTER		80	TREET ADDRESS, CITY, STATE, ZIP CODE 01 N. BROOM STREET VILMINGTON, DE 19806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	7/12/2019 - The homedications documedications: - Amiodarone (hearmouth with dinner of mouth with dinner of Apixaban (blood to day Metoprolol Tartratiby mouth every 12 - Omeprazole (to remg by mouth daily Docusate Sodium mouth twice a day Fluconazole (antifitime a day timed at 7/13/2019 9:36 AM (RN), documented medications were wapproximately 15 hto the facility. 7/13/2019 through and the correlating Administration Recfollowing medication time(s) of administration Apixaban 5 mg by 9:00 AM and 5:00 Fluconazole 100 refluconazole 100 refluconazole 100 refluconazole 100 refluconazole 100 refluconazole 100 refluconazole 9:00 AM.	spital's discharge list of nented the following In the medication of the store of	F 7	60	Procedure this was a failure to follopolicy and procedures. C. Staff developer will educate all ron pharmacy procedures as it relating new order delivery. Admitting nurse ensure all new orders are placed by off times and will be monitored by supervisor/unit manger. Staff will be educated on pharmacy service, cuand delivery times, the First Dose Machine, and the use of back up pharmacy services. D.DON/designee will audit all admining relation to medication availability delivery of medications to the facilifive days per week until three consistency of compliance is achieved. The three times a week until we consistency three consecutive evaluations. Then, one week, until we consistently reach 1 compliance over three consecutive evaluations. Then, one more time month later, if we are still at 100% compliance we will conclude that we successfully addressed the deficie practice. Results will be analyzed in QA meetings to ensure regulatory compliance.	nurses tes to e will y cut Nursing e t off issions and ty for ecutive en, tently e ce a 00% e a	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COM	E SURVEY IPLETED
		085012	B. WING				06/2020
	PROVIDER OR SUPPLIER	REHAB CENTER		801	EET ADDRESS, CITY, STATE, ZIP CODE N. BROOM STREET _MINGTON, DE 19806	1 00.	00.2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 760	Fluconazole were a 7/13/2019 5:00 PM lacked evidence th medication Amioda administered. 7/13/2019 7:47 PM documented "Medidelivery from pharm Per pharm rep (repdelivered on next most medication delivered on next most medication delivered on the faction of medication delivered on the faction of medication delivered administer moder, administer moder, administer moder, administer moder, administer of the medication Amioda administered. 7/14/2019 5:00 PM lacked evidence the medication Amioda administered. 7/15/2019 5:00 PM revealed that R154 dose of Amiodaron 2/21/2020 3:00 PM confirmed that the medications were modern.	pan, Metoprolol Tartrate, and administered. I - A review of the eMAR at the scheduled 5:00 PM arone 400 mg was I - A progress note cation not available pending macy, call placed to pharmacy. oresentative) medication will be un. Call placed to MD to notify ery status. Return call I - A progress note rn call received from MD, new nedication when it comes in, ifft." evidence when the facility rations. I - A review of the eMAR at the scheduled 5:00 PM	F7	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	085012		B. WING		03/06/2020	
NAME OF PROVIDER OR SUPPLIER REGENCY HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. BROOM STREET WILMINGTON, DE 19806		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPLE	
F 760	doses of medication required medication	ns due to not obtaining the	F 7	60		